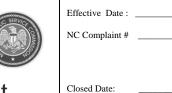
Mail completed form to:

MS Public Service Commission No Call Program P.O. Box 1174 Jackson, MS 39215-1174



Mississippi Public Service Commission

Brent Bailey Central District Dane Maxwell Southern District Brandon Presley Northern District



For Office Use Only

NO CALL Subscriber Complaint

NOTE: You may also file complaints online at www.psc.state.ms.us/nocall/complaint.aspx IMPORTANT! Fields marked with an asterisk (*) are required. We cannot process an incomplete form.

CUSTO	MER INFORMATION	V (please pri	nt & list your	name <u>exactly</u> as	it appears	on your ph	one bill)
* Name	e:						
* Physi	cal / Mailing Address:						
* City: _		State	e: <u>MS</u> * Zip C	Code:	* County		
* What	company provides yo	ur telephone	service?				
* What	phone number receiv	ed the call or	text message	? ()			
* How may we contact you?				* May we obtain your phone records? YES / NO			
* Do you have Caller ID? YES / NO				* Will you sign an affidavit? YES / NO			
TELEN	IARKETER INFORM	ATION					
Please complete all required (*) information for each telemarketing call:							
	Telemarketer Number (if known)	* Call Date	* Call Time	Product or Service Offered	* Was this a text message?	* Was the message a recording?	* Do you have an existing or prior business relationship?
					YES / NO	YES / NO	YES / NO
					YES / NO	YES / NO	YES / NO
					YES / NO	YES / NO	YES / NO
					YES / NO	YES / NO	YES / NO
					YES / NO	YES / NO	YES / NO
					YES / NO	YES / NO	YES / NO
Addition	nal Comments (if the cor	mplaint is in reç	gard to a text me	essage, please incl	ude the comp	lete text of sa	aid message):

* Date: _